

AUTO CR - LOG SUMMARY #1051645

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
<p>It is reported that the offender confronted the P.O. Kokic, who was under the influence of an unknown substance. The offender became the assailant, while uncuffed in the process of changing into a hospital gown, the offender threatened the P.O. Kokic and hospital security. The offender charged at hospital security and P.O. Kokic deployed his Taser subduing the offender.</p>	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	UCHMAN, ROXANE	2236	[REDACTED]	003 /	SERGEANT OF POLICE	F	S		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
02-FEB-2012 05:42 - 02-FEB-2012 05:42	[REDACTED]	0411	004	233 - HOSPITAL BUILDING/GROUND S	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	KOKIC, MARKO A	17476	[REDACTED]	003 /	POLICE OFFICER	M	WHI		
NON-CPD	Victim/Subject	[REDACTED]					M	BLK	[REDACTED]	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator History

Investigator	Type	Assigned Team		Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	29-FEB-2012 04:53	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	29-FEB-2012 04:53	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	16-FEB-2012 08:46	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	15-FEB-2012 05:22	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	09-FEB-2012 09:12	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	04-FEB-2012 10:44	JONES, VINCENT	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	02-FEB-2012 06:55	DOUGLAS, KHRYSTL	INTAKE AIDE		

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET				DOUGLAS, KHRYSTL	02-FEB-2012 06:55			
	DOCUMENTS - INTAKE INCIDENT		1	X00-1051645	N	TOUSANT, LISA	09-FEB-2012 09:21	APPROVED	
	DOCUMENTS - INTAKE INCIDENT		3	fdfdf	N	JONES, VINCENT	04-FEB-2012 10:42	DELETED	
	DOCUMENTS - INTAKE INCIDENT		3	df	N	JONES, VINCENT	04-FEB-2012 10:43	DELETED	
	DOCUMENTS - INTAKE INCIDENT		2		N	JONES, VINCENT	04-FEB-2012 10:43	APPROVED	
	DOCUMENTS - INTAKE INCIDENT		6		N	JONES, VINCENT	04-FEB-2012 10:41	APPROVED	
	DOCUMENTS - INTAKE INCIDENT		2	fdfdf	N	JONES, VINCENT	04-FEB-2012 10:43	DELETED	

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 02-FEB-2012) - LOG #1051645

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	UCHMAN, ROXANE	2236	[REDACTED]	003 /	SERGEANT OF POLICE	F	S		

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Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	02-FEB-2012 18:55	DOUGLAS, KHRYSTL	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	29-FEB-2012 04:53	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	02-FEB-2012 06:55	DOUGLAS, KHRYSTL	INTAKE AIDE		

**CHICAGO POLICE DEPARTMENT
ARREST REPORT**

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11 420C (REV. 6/30)

FINAL APPROVAL

CB #:

IR #:

YD #:

RD #:

EVENT #:

ARREST REPORTING

OFFENDER	Name: [REDACTED]	Male
	Res: [REDACTED]	Black
	DOB: [REDACTED]	5' 09"
	AGE: 53 years	170 lbs
	POB: Illinois	Brown Eyes
	DLN: [REDACTED]	Black Hair
Short Hair Style		
Dark Complexion		
ARMED WITH Unarmed		

INCIDENT	Arrest Date: 02 February 2012 16:58	TRR Completed? Yes	Total No Arrested: 1	Co-Arrests	Assoc Cases
	Location: [REDACTED]	Beat: 314		DCFS Ward ?	No
	Holding Facility: District 003 Lockup		Dependent Children? No		
	Resisted Arrest? Yes				

CHARGES	Victim			
	1	Offense As Cited	720 ILCS 5.0/12-3.2-A-2 DOMESTIC BATTERY - PHYSICAL CONTACT Class A - Type M	Domestic Related [REDACTED]
	2	Offense As Cited	720 ILCS 5.0/12-2-A-16 AGG ASLT/POLICE/SHERIFF EMP Class A - Type M	State Of Illinois, P.O. Kokic 17476
	3	Offense As Cited	720 ILCS 5.0/12-2-A-6 AGG ASSAULT/PRIVATE SEC OFF Class A - Type M	[REDACTED]
	4	Offense As Cited	720 ILCS 5.0/12-2-A-16 AGG ASLT/POLICE/SHERIFF EMP Class A - Type M	State Of Illinois, P.O. J.Slipke#7008

FELONY REVIEW			

ARREST REPORTING

RECOVERED
NARCOTICS

NO NARCOTICS RECOVERED

WARRANT

NO WARRANT IDENTIFIED

Chicago Police Department - ARREST Report

ARREST REPORTING

VICTIM AND COMPLAINANT

Name: [REDACTED]	Female	Injured? No	Deceased? No
Res: [REDACTED]	Black		
	DOB: [REDACTED]	Hospitalized? No	
	Age: 57 years	Treated and Released? No	
	Comments:		

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Kokic 17476	Male	Injured? No	Deceased? No
Res: 7040 S Cottage Grove Ave Chicago, IL 60637 312-747-8201	Beat: 321	White	
		DOB: [REDACTED]	Hospitalized? No
		Age: 32	Treated and Released? No
	Comments:		

NON-OFFENDER(S)

Name: [REDACTED]	Male	Injured? No	Deceased? No
Empl: [REDACTED]	Black		
	DOB: [REDACTED]	Hospitalized? No	
	Age: 32 years	Treated and Released? No	
	Comments: Above Is A Security Officer For [REDACTED]		

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. J.Slipke#7008	Male	Injured? No	Deceased? No
Res: 7040 S Cottage Grove Ave Chicago, IL 60637 312-747-8201	Beat: 321	White	
		DOB: [REDACTED]	Hospitalized? No
		Age: 27 years	Treated and Released? No
	Comments:		

WITNESS

Name: [REDACTED]	Male	Injured? No	Deceased? No
Res: [REDACTED]	Black		
	DOB: [REDACTED]	Hospitalized? No	
	Age: 25 years	Treated and Released? No	
	Comments:		

ARRESTEE VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

Chicago Police Department - ARREST Report

ARREST REPORTING

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED] NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT : [REDACTED] OFFENDER PLACED INTO CUSTODY ON SIGNED COMPLAINTS FOR DOMESTIC BATTERY IN THAT OFFENDER STRUCK THE VICTIM/ [REDACTED] ABOUT THE FACE WITH AN OPEN HAND MULTIPLE TIMES WHILE GRABBING HER BY HER SHIRT COLLAR. INCIDENT WAS OBSERVED AND TESTIMONY CORROBORATED BY [REDACTED] WITNESS; AN ACQUAINTENCE TO BOTH VICTIM AND OFFENDER WHO WAS PRESENT IN THE RESIDENCE DURING THE INCIDENT. A/O'S TRANSPORTED INTOXICATED OFFENDER TO [REDACTED] HOSPITAL FOR SELF-INFILTED INJURIES TO HIS FACE AS HE WAS IN CUSTODY IN THE SQUAD CAR(INCIDENT RECORDED ON IN CAR-CAMERA #8718 AT 1705 HRS.) ONCE AT [REDACTED], OFFENDER THREATENED HOSPITAL MEDICAL AND SECURITY PERSONNEL, AS WELL AS, A/O'S; STATING "I'M GONNA FUCK YOU UP, HURRY UP AND TAKE ME OFF THESE CUFFS AND IM GONNA SHOW YOU, IM GONNA MEET YOU ON THE STREETS." OFFENDER AFTER BEING GIVEN SEVERAL VERBAL WARNINGS, LUNGED AT HOSPITAL SECURITY/STAFF, AT WHICH TIME, PO KOKIC #17476 DEPLOYED HIS TASER STRIKING OFFENDER IN THE BACK. AFTER DOING SO, PO KOKIC ALONG WITH PO SLIPKE #7008 AND HOSPITAL SECURITY REGAINED CONTROL OF OFFENDER. TASER CARTRIDGE WITH PRONGS INVENTORIED UNDER # [REDACTED] OFFENDER NOT ON GIP/TRAP, NO WANTS/WARRANTS, NAME CHECK CLEAR. TRANSPORT TIME REFLECTS TIME TRANSPORTED TO HOSPITAL.

SEE WC COMMENTS SECTION FOR ADDITIONAL COMMENTS

COURT INFO

Desired Court Date: 22 February 2012
 Branch: 63-2 555 W HARRISON ST - Room 40
 Court Sgt Handle? No
 Initial Court Date: 04 February 2012
 Branch: CBC-1 2600 S CALIFORNIA - Room
 Docket #:

BOND INFO

BOND INFORMATION NOT AVAILABLE

REPORTING PERSONNEL

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #7008 SLIPKE, J A [REDACTED] 02 FEB 2012 21:54

ARRESTING OFFICER(S):

1st Arresting Officer:	#17476	KOKIC, M A [REDACTED]	Beat
2nd Arresting Officer:	#7008	SLIPKE, J A [REDACTED]	0312
			0312

APPROVING SUPERVISOR:

Approval of Probable Cause : #617 KINGSLEY, D R [REDACTED] 02 FEB 2012 22:02

Chicago Police Department - ARREST Report

ARREST PROCESSING REPORT

LOCKUP KEEPER PROCESSING	Holding Facility: District 003 Lockup	Time Last Fed: 03 February 2012 13:04
	Received in Lockup: 03 February 2012 00:17	Time Called: _____
	Prints Taken: 03 February 2012 00:34	Phone #: _____
	Palmprints Taken: Yes	Cell #: A2
	Photograph Taken: 03 February 2012 00:57	Transport Details : 2PO 0312 02-FEB-2012 17:03
	Released from Lockup: 04 February 2012 08:00	
	VISUAL CHECK OF ARRESTEE	ARRESTEE QUESTIONNAIRE
	Is there obvious pain or injury? No	Presently taking medication? No
	Is there obvious signs of infection? No	(if female) are you pregnant? No
	Under the influence of alcohol/drugs? Yes	First time ever been arrested? No
Signs of alcohol/drug withdrawal? No	Attempted suicide/serious harm? No	
Appears to be despondent? No	Serious medical or mental problems? No	
Appears to be irrational? No	Are you receiving treatment? No	
Carrying medication? No		
RETURN TO HOLDING FACILITY COMMENTS:		
QUESTIONNAIRE REMARKS:		
Arrestee Stated That He Has Been Drinking All Day.		
LOCKUP KEEPER COMMENTS:		
03 FEB 2012 13:04 17646 SMITH, Dwain D (_____)		
EMERGENCY CONTACT		
Name : REFUSED		
Res: Beat:		
INTERVIEW LOG		
NO INTERVIEWS LOGGED		
VISITOR LOG		
NO VISITORS LOGGED		

Chicago Police Department - ARREST Report

ARREST PROCESSING REPORT

MOVEMENT LOG	Action	By	Destination	Reason
	RELEASED BY	#16086 Butler, Michael L ([REDACTED]	02 FEB 2012 22:52	District 003 Lockup
	RECEIVED BY	#17476 Kovic, Marko	02 FEB 2012 22:52	Jackson Park
	RECEIVED BY	#16086 Butler, Michael L ([REDACTED]	03 FEB 2012 00:28	District 003 Lockup

WC COMMENTS	Watch Commander Comments:	REL w/o CHARGING		
	#617 Kingsley, Dale R [REDACTED]			
	03 FEB 2012 04:08			
	Prior Domestic conviction. Hold papers		DOES NOT APPLY TO THIS ARREST	
#260 Blisset, Rodney D ([REDACTED]				
03 FEB 2012 12:38				
Victim refused to pursue felony charges per Det. Heslin # 20925				

PROCESSING PERSONNEL	ARRESTEE PROCESSING PERSONNEL:		
	Searched By:	ELLINGTON JR, G ([REDACTED])	Beat
	Lockup Keeper:	#16086 BUTLER, M L ([REDACTED])	
	Fingerprinted By:	ELLINGTON JR, G ([REDACTED])	
	Detective :	#20925 Heslin, Francis J ([REDACTED])	03 FEB 2012 12:38
APPROVAL PERSONNEL:			
Final Approval of Charges : #260 BLISSET, R D ([REDACTED] 03 FEB 2012 12:39			

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11 388(5/03)-C

RD #:

EVENT #:

Case ID

INCIDENT

CLEARED/CLOSED (ARREST AND PROSECUTION)

IUCR: 0486 - Battery - Domestic Battery Simple
0545 - Assault - Pro Emp Hands No/Min Injury
0554 - Assault - Agg Po Hands No/Min Injury

Occurrence Location:	Beat: 0314	Unit Assigned: 0312
		RO Arrival Date: 02 February 2012 16:57
Occurrence Date: 02 February 2012 16:40		# Offenders: 1

VICTIM - Individual		Demographics
Name: [REDACTED]	Res: [REDACTED]	Female Black DOB: [REDACTED] Age: 57 Years
Beat: 0314 Beat: 5100		
Sobriety: Sober		
VICTIM - Individual		Police Officer
Name: KOKIC #17476, Marko	7040 S Cottage Grove Ave	Beat: 0321
Demographics		
Age: Years		
Sobriety: Sober		
Other Communications and Availability		
Residence [REDACTED]	Phone: [REDACTED]	
VICTIM - Individual		Demographics
Name: [REDACTED]	Res: [REDACTED]	Male Black DOB: [REDACTED] Age: 32 Years
Beat: 0411 Beat: 5100		
Sobriety: Sober		
Other Communications and Availability		
Business [REDACTED]	Phone: [REDACTED]	
VICTIM - Individual		Police Officer
Name: SLIPKE #7008, Joe	7040 S Cottage Grove Ave	Beat: 0321
Demographics		
Age: Years		
Sobriety: Sober		



Chicago Police Department - Incident Report

RD #:

NON OFFENDER	WITNESS - Individual		
	Name: [REDACTED]	Demographics	
Res: [REDACTED]	Beat: 0611	Male Black	DOB: [REDACTED] Age: 25 Years
	Beat: 5100		

Suspect #1		In Custody	
Name:	Demographics		
Res:	Beat: 0314	Male	DOB: [REDACTED]
		Black	Age: 53 years
		5'09,	Birth Place: IL
		170 lbs	Suspected of Using: Alcohol
		Brown Eyes	
		Black Hair	
		Short Hair Style	
		Dark Complexion	
Descriptions			
Clothing Description: Top - White Shirt; Bottom - Tan Shorts			
Injury Info			
Injury Extent: Minor Hospital: [REDACTED] Physician: Dr. Williams			
Type	Weapon Used		
Puncture Wound	Other		
Other	Unknown		

RELATIONSHIP		
(Victim) [REDACTED]	is a	(Offender) [REDACTED]
(Victim) KOKIC #17476, Marko	is a	No Relationship of [REDACTED]
(Victim) [REDACTED]	is a	No Relationship of [REDACTED]
(Victim) SLIPKE #7008, Joe	is a	No Relationship of [REDACTED]

Order of Protection Info			
Order of Protection #: - IL			
		Procedure Notifications	
Transportation Arranged/Provided to Relocate?	Declined	Domestic Info Notice Provided?	Yes
Victim Advised of Hotline #?	Yes	Victim Advised of OOP Procedures?	Yes
		Victim Advised of Warrant Procedures?	Yes

OTHER

Miscellaneous

Victim Information Provided

Flash Message Sent ? No

NARRATIVE

EVENT [REDACTED] IN SUMMARY, R/O'S RESPONDED TO CALL OF DOMESTIC BATTERY AT SAID LOCATION. ON ARRIVAL, R/O'S SPOKE WITH [REDACTED] (VICTIM AND COMPLAINANT) AND [REDACTED] (WITNESS). VICTIM RELATED THAT DURING A VERBAL ALTERCATION WITH [REDACTED] (OFFENDER/HUSBAND), OFFENDER GRABBED HER BY THE COLLAR OF HER SHIRT AND BEGAN SLAPPING HER IN THE FACE. INCIDENT WAS OBSERVED AND TESTIMONY CORROBORATED BY [REDACTED] (WITNESS); AN ACQUAINTANCE TO BOTH VICTIM AND OFFENDER WHO WAS PRESENT IN THE RESIDENCE DURING THE INCIDENT. R/O'S OBSERVED SLIGHT SIGNS OF REDNESS TO VICTIM'S FACE. R/O'S SUBSEQUENTLY PLACED OFFENDER INTO CUSTODY. EMS OFFERED-REFUSED BY VICTIM, VICTIM REFUSED ET AS WELL. COMPLAINTS SIGNED BY VICTIM, VIN/DIN GIVEN, OOP AND WARRANT INFO ADVISED, COURT DATE GIVEN R/O'S TRANSPORTED INTOXICATED OFFENDER TO [REDACTED] FOR SELF-INFILCTED INJURIES TO HIS FACE AS HE WAS IN CUSTODY IN THE SQUAD CAR BANGING HIS FACE AGAINST THE INNER CAGE WINDOW SEVERAL TIMES (INCIDENT RECORDED ON IN CAR-CAMERA #8718 AT 1705 HRS.) ONCE AT [REDACTED], OFFENDER THREATENED HOSPITAL MEDICAL AND SECURITY PERSONNEL, AS WELL AS, R/O'S, STATING "I'M GONNA FUCK YOU UP, HURRY UP AND TAKE ME OFF THESE CUFFS AND IM GONNA SHOW YOU, IM GONNA MEET YOU ON THE STREETS". OFFENDER, AFTER BEING GIVEN SEVERAL VERBAL WARNINGS, LUNGED AT HOSPITAL SECURITY STAFF, AT WHICH TIME, PO KOKIC #17476 DEPLOYED HIS TASER STRIKING OFFENDER IN THE BACK. AFTER DOING SO, PO KOKIC ALONG WITH PO SLIPKE #7008 AND HOSPITAL SECURITY REGAINED CONTROL OF OFFENDER AND RE-CUFFED HIM SINCE HE HAD BEEN UNCUFFED PER THE REQUEST OF THE DOCTOR ORGINALLY, IN ORDER FOR HIM TO DISROBE AND BE PLACED INTO A HOSPITAL GOWN. IN THE PROCESS OF REGAINING CONTROL OF THE ARRESTEE, PO KOKIC INJURED HIS LEFT WRIST. PO SLIPKE COMPLETED AN EXPOSURE REPORT IN THAT DURING THE STRUGGLE, PO GOT OFFENDER'S BLOOD ON HIS LEFT FOREARM. TASER CARTRIDGE WITH PRONGS INVENTORIED UNDER [REDACTED] ET ORDERED AT 1918 HRS FOR PICTURES OF OFFENDER'S INJURIES. COURT: 22 FEB 12, BRANCH 63-2 AT 0900 HRS REPORTING OFFICER - STAR#: 17476 NAME: MARKO KOKIC BEAT: 0312

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Approving Supervisor	2236	[REDACTED]	UCHMAN, Roxane	[REDACTED]	02 Feb 2012 21:24	003	
Reporting Officer	7008	[REDACTED]	SLIPKE, Joseph, A	[REDACTED]	02 Feb 2012 20:40	003	0312



CHICAGO POLICE DEPARTMENT
CASE SUPPLEMENTARY REPORT

3510 S Michigan Avenue, Chicago, Illinois 60653
 (For use by Chicago Police - Bureau of Investigative Services Personnel Only)

METHOD/CAU CODE			DETECTIVE SUP. APPROVAL COMPLETE			
Last Offense Classification/Re-Classification BATTERY / Domestic Battery Simple	IUCR Code 0486	Original Offense Classification BATTERY / Domestic Battery Simple	IUCR Code 0486			
Address of Occurrence [REDACTED]	Beat of Occur 314	No of Victims 4	No of Offenders 1	No of Arrested 1	SCR No	
Location Type Residence	Location Code 290	Secondary Location			Hate Crime?	NO
Date of Occurrence 02-FEB-2012 16:40	Unit Assigned 0312	Date RO Arrived 02-FEB-2012 16:57	Fire Related? NO	Gang Related? NO	Domestic Related? NO	
Reporting Officer BOCIAN, Richard	Star No 20661	Approving Supervisor BOCIAN, Richard	Star No 20661	Primary Detective Assigned		Star No
Date Submitted 04-FEB-2012 07:16	Date Approved 04-FEB-2012 07:17			Assignment Type		
				ADMIN		

THIS IS A ADMIN INVESTIGATION METHOD/CAU CODE REPORT

VICTIM(S) :

TYPE: Individual

Female / Black / 57 Years

DOB: [REDACTED]

RES: [REDACTED]

SOBRIETY: Sober

KOKIC #17476, Marko

TYPE: Individual

EMPLOYMENT: Chicago Police Officer

SOBRIETY: Sober

BUS: 7040 S Cottage Grove Ave
Chicago IL

OTHER COMMUNICATIONS:

Residenc [REDACTED]
e Phone : [REDACTED]

TYPE: Individual

Male / Black / 32 Years

DOB: [REDACTED]

RES: [REDACTED]

SOBRIETY: Sober

OTHER COMMUNICATIONS:

Business [REDACTED]
Phone : [REDACTED]

TYPE: Individual

SLIPKE #7008, Joe

EMPLOYMENT: Chicago Police Officer

SOBRIETY: Sober

BUS: 7040 S Cottage Grove Ave
Chicago IL

OFFENDER(S): [REDACTED]

-- In Custody --

Male / Black / 53 Years

DOB: [REDACTED]

RES: [REDACTED]

BIRTH PL: Illinois

DESCRIPTION: 5'09,170,Black Hair, Short Hair Style, Brown Eyes, Dark Complexion

ITEM USED:

Alcohol

WEARING: Top - White Shirt; Bottom - Tan Shorts

RELATIONSHIP OF VICTIM TO OFFENDER:

[REDACTED] Wife
KOKIC #17476, Marko No Relationship
[REDACTED] No Relationship
SLIPKE #7008, Joe No Relationship

LOCATION OF INCIDENT: [REDACTED]

DATE & TIME OF INCIDENT: 02-FEB-2012 16:40

METHOD CODE(S): Domestic Incident

CAU CODE(S): Domestic Incident
Police Related Not Con

DOMESTIC INCIDENT INFORMATION:

VIOLATION TYPE:

ORDER OF PROTECTION:

STATE CODE: Illinois

VICTIM ADVISEMENT: Victim Advised Of Hotline Number

VICTIM ADVISED OP PROCS: Yes

VICTIM ADVISED WARR PROCS: Yes

Domestic Info was Provided

Transportation was Declined

PERSONNEL ASSIGNED:

Reporting Officer

SLIPKE, Joseph A

7008

BEAT. 0312

WITNESS(ES) :

[REDACTED]
Male / Black / 25 Years

DOB: [REDACTED]

RES: [REDACTED]

CRIME CODE SUMMARY: 0486 - Battery - Domestic Battery Simple
0545 - Assault - Pro Emp Hands No/Min Injury
0554 - Assault - Agg Po Hands No/Min Injury

IUCR ASSOCIATIONS: 0486 - Battery - Domestic Battery Simple

[REDACTED] (Victim)
[REDACTED] (Offender)

0545 - Assault - Pro Emp Hands No/Min Injury

[REDACTED] (Victim)
[REDACTED] (Offender)

0554 - Assault - Agg Po Hands No/Min Injury

KOKIC #17476, Marko [REDACTED] (Victim)
[REDACTED] (Offender)
SLIPKE #7008, Joe [REDACTED] (Offender)
[REDACTED] (Victim)

REPORT DISTRIBUTIONS: No Distribution

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION	1 DATE OF INCIDENT 02-FEB-2012	TIME 17:42:00	2 ADDRESS OF OCCURRENCE [REDACTED]	3 LOCATION CODE 233	4 BEAT/OCCUR 0411				
	5 POSITION 9161	6 LAST NAME KOKIC	7 FIRST NAME MARKO A	8 STAR NO 17476	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE WHI	11 AGE [REDACTED]	12 HT 510	13 WT 245
	14 DATE OF APPT 26-SEP-2005	15 EMPLOYEE NO [REDACTED]	16 UNIT & BEAT OF ASSIGNMENT 003 0312	17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18 MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	20 LAST NAME [REDACTED]	21 FIRST NAME [REDACTED]	22 MI [REDACTED]	23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24 RACE BLK	25 DOB [REDACTED]	26 HT 509	27 WT 170	
	28 ADDRESS [REDACTED]	29 TELEPHONE NO [REDACTED]	30 WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	34 BY WHOM? DR. WILLIAMS	35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						
	36 CHARGES PLACED 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-6, 720 ILCS 5.0/12-2-A-16, 720 ILCS	37 CB NO [REDACTED]	IR NO [REDACTED]	DNA [REDACTED]					
	38 REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER SUBJECT'S ACTIONS <input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	ACTIVE RESISTER MEMBER'S RESPONSE <input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER _____	ASSAILANT ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER <u>THREATENED AND LUNG</u>	ASSAILANT BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	ASSAILANT DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____			
	39 WEAPON DISCHARGE INCIDENT	40 ADDITIONAL INFORMATION							
	POSITION [REDACTED]	STAR NO [REDACTED]	UNIT [REDACTED]	41 WEAPON TYPE <input type="checkbox"/> 04 SEMI AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER	42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44 WEATHER CONDITIONS CLEAR		
45 MAKE/MANUFACTURER C3100XA2K	46 MODEL X00553326	47 BARREL LENGTH [REDACTED]	48 CALIBER/GAUGE [REDACTED]						
49 TASER DART ID NO C3100XA2K	50 WEAPON SERIAL NO (Include Letters) X00553326	51 CHICAGO GUN REG NO [REDACTED]	52 IL FIREARM OWNER ID NO [REDACTED]	53 HANDGUN CERTIFICATE NO [REDACTED]					
54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]	55 PROPERTY INVENTORY NO [REDACTED]	56 TYPE OF AMMUNITION USED [REDACTED]	57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1	58 TOTAL NO OF SHOTS MEMBER FIRED [REDACTED]					
59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61 NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST)	63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			
66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]	67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT								
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]								
70 CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT). <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W C/DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W C/DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.								
SIGNATURES	71 REPORTING MEMBER (Print Name) KOKIC, MARKO A 02-FEB-2012 20:34:45	STAR/EMPLOYEE NO 17476	SIGNATURE [REDACTED]	72 REVIEWING SUPERVISOR (Print Name) UCHMAN, ROXANE	STAR NO 2236	SIGNATURE [REDACTED]	DATE REVIEWED 02-FEB-2012 20:43:22	TIME [REDACTED]	

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ACS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	<input type="checkbox"/> DNA	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> UNABLE TO INTERVIEW (Specify Reason)
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Offender a [REDACTED] unable to be interviewed,

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The member was confronted by the offender, who was under the influence of an unknown substance. The offender became an assailant, while uncuffed to facilitate changing into hospital gown, threatening the member and hospital security. When the offender charged at the hospital security officer, the member deployed his laser, neutralizing the threat. The offender was controlled without further incident. The offender was taken to [REDACTED] for treatment of self-inflicted injuries caused when he repeatedly struck his head and face on the cage of Dept. veh # 8718. This incident was recorded on the veh's in-car camera. The member also sustained injury to his left wrist. R/L has concluded the member's actions were in compliance with Dept. procedures, directives and within the parameters of the Use of Force Model (P.R.A., DOUGLAS # 101138 contacted @ 1855 hours and CL # 1051645 was obtained as required by procedure/directive

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES	<input type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED
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LOG NO./CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name) MITROS, GREGORY A	SIGNATURE [REDACTED]	DATE COMPLETED 02-FEB-2012 21:13:44
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79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF	<input type="checkbox"/> SUPPLEMENTARY REPORT <input type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> IOD REPORT <input checked="" type="checkbox"/> OFFICER BATTERY REPORT <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	<input type="checkbox"/> CR INITIATION REPORT	80 TOTAL TRR's THIS EVENT No 1
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OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when. (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION		
NAME (LAST - FIRST - M.I.) KOKIC, MARKO A		<input checked="" type="checkbox"/> 1 INDOOR <input type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE [REDACTED]		
STAR NO. 17476	POSITION POLICE OFFICER	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)	
DATE OF APPOINTMENT 26-SEP-2005	EMPLOYEE NO. [REDACTED]	LOCATION CODE 233-HOSPITAL BUILDING/GROUNDS	BEAT OF OCCURRENCE 0411	
UNIT OF ASSIGNMENT 003	BEAT/CALL NO. 0312	DATE OF OCCURRENCE 02-FEB-2012	TIME 17:42:00	DAY OF WEEK THURSDAY
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	NO. OF OFFICERS BATTERED <u>2</u>	
HEIGHT 510	WEIGHT 245	WERE THERE ASSISTING UNITS ON SCENE? 1 <input type="checkbox"/> YES 2 <input checked="" type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>0</u>		
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED				
<input checked="" type="checkbox"/> 1 ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2 OFF DUTY <input type="checkbox"/> 3 SPECIAL EMPLOYMENT <input type="checkbox"/> 4 SECONDARY / OTHER		WORKING <input type="checkbox"/> A ALONE <input checked="" type="checkbox"/> B WITH ONE PARTNER <input type="checkbox"/> C WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE <input checked="" type="checkbox"/> A SQUAD CAR <input type="checkbox"/> B FOOT <input type="checkbox"/> C BICYCLE <input type="checkbox"/> D APV/MOTORCYCLE <input type="checkbox"/> E SQUADROL <input type="checkbox"/> F OTHER _____		
MANNER OF ATTACK <input type="checkbox"/> 01 SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03 STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04 STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05 OTHER (INCLUDING VERBAL THREATS)				
TYPE OF ACTIVITY				
<input type="checkbox"/> A AMBUSH -NO WARNING <input type="checkbox"/> B TRAFFIC STOP/PURSUIT <input type="checkbox"/> C INVESTIGATING SUSPICIOUS PERSON <input checked="" type="checkbox"/> D DISTURBANCE - DOMESTIC <input type="checkbox"/> E DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A FIREARM CALIBER <input type="checkbox"/> B VEHICLE 1. OFFICER STRUCK WITH VEHICLE 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D BLUNT INSTRUMENT <input type="checkbox"/> E FEET <input type="checkbox"/> F MOUTH (SPIT, BITE, ETC) <input checked="" type="checkbox"/> G VERBAL THREAT (ASSAULT) <input type="checkbox"/> H OTHER (SPECIFY) _____		
FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A OFFICER AT GUNPOINT <input type="checkbox"/> B OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON				
OFFENDER INFORMATION				
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB [REDACTED]	CB NO [REDACTED] IR NO _____	
WAS THE OFFENDER'S ACTIVITY DRUG RELATED? GANG RELATED? <input type="checkbox"/> 1 YES <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input checked="" type="checkbox"/> 2 NO <input checked="" type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <u>1</u>				
TYPE OF INJURY TO OFFICER				
<input type="checkbox"/> A FATAL <input type="checkbox"/> B NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input checked="" type="checkbox"/> C NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D NONE APPARENT/NONE		WEATHER CONDITIONS <input type="checkbox"/> A CLEAR <input type="checkbox"/> D FOG / SMOKE / HAZE <input type="checkbox"/> G OTHER <input type="checkbox"/> B RAIN <input type="checkbox"/> E SLEET / HAIL <input type="checkbox"/> C SNOW <input type="checkbox"/> F SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE <u>40 °F</u>		
LIGHTING CONDITIONS AT INCIDENT				
<input type="checkbox"/> A DAYLIGHT <input type="checkbox"/> D DUSK <input type="checkbox"/> B NIGHT <input checked="" type="checkbox"/> E ARTIFICIAL LIGHT <input type="checkbox"/> C DAWN <input type="checkbox"/> 1 POOR <input type="checkbox"/> <input checked="" type="checkbox"/> 2 GOOD				

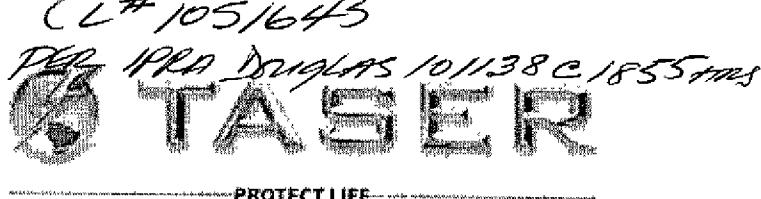
Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
KOKIC, MARKO A

STAR NO.
17476

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
MITROS, GREGORY A

503



TASER Information		Downloaded By	
Serial #	X00-553326	Name	Roxane Uchman
Model #	X26	Dept	CPD
X26 Software Version	22	Rank	Sgt
Dataport CD Version	17.9	Windows Version	Windows XP
Record Date Range	02/02/2012 - 02/02/2012	Report Generated	02/02/12 18:31:02 (local)
Computer Time Zone	Central Standard Time *DST		
Using Daylight Savings Time	Yes		

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0006	02/02/12 23:44:16	02/02/12 17:44:16	5	23	59

Recorded X26 Time Changes

Seq	GMT Time	Local Time	Change Type
Incomplete Time Change Record			
0002	10/25/10 17:56:33	10/25/10 12:56:33	FROM
0003	10/25/10 17:56:33	10/25/10 12:56:33	TO
0004	04/06/11 14:14:11	04/06/11 09:14:11	FROM
0005	04/06/11 14:00:51	04/06/11 09:00:51	TO

End of Report.